

Signature(s) Required Below

*ReliaStar Life Insurance Company*  
P.O. Box 1548, Minneapolis, Minnesota 55440

**Employee:** Type or print in ink. Do not erase or correct – instead use a new form. Complete form and sign as required below.  
Return this form to your employer.

Name of Insured ( <i>employee or member</i> )		Date of Birth
Name of Policyholder ( <i>employer</i> )	Policy Number	Social Security Number

For each Beneficiary give Full Name, Address (*street, city, state and zip code*), Date of Birth, Social Security Number and Relationship to Insured.

[illegible]

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_\_, at \_\_\_\_\_, \_\_\_\_\_  
City State

Signature of Owner

This is to certify that, upon Approval, the records with respect to the Group Policy described above, under which this Certificate was issued to the above-named Insured, show the beneficiary(ies) designated by said Insured to be as indicated above. This request does not convey any right or privilege beyond the terms of the aforesaid Group Policy and Certificate.

Approved by Employer Registrar or Assistant Secretary	Date Approved
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# Suggested Beneficiary Designations

## Personal Beneficiaries

1. If **one individual** is to be designated, use full legal name thus – “Anna May Smith,” not “Mrs. John Smith.”
2. If **two individuals** are to be named, designate as follows: “Anna May Smith, wife and Dorothy Smith Andrews, daughter, in equal shares, or the survivor.”
3. If **three or more individuals** are to be named, designate as follows: “Anna May Smith, wife, Dorothy Smith Andrews, daughter, and William Smith, son, or the survivors, in equal shares, or the survivor.”
4. If **one or more secondary beneficiaries** are to be named, they may be designated individually as follows: “Anna May Smith, wife, if living, otherwise Joseph Smith, father, and Elizabeth Smith, mother, in equal shares, or the survivor;” or
  - (a) If all **children of the marriage** are to be named secondary beneficiaries, designate them collectively rather than individually as follows: “Anna May Smith, wife, if living, otherwise the then surviving children, if any, born of insured’s marriage with said wife, in equal shares.” (This designation will include children born later without the necessity of changing the designation.)
  - (b) If all children of the marriage are to be named secondary beneficiaries **and a second alternate beneficiary is to be named**, designate as follows: “Anna Smith, wife, if living, otherwise the then surviving children, if any, born of insured’s marriage with said wife, in equal shares, or if said wife is not living and there is no such child, James Smith, father.”
  - (c) If **children not of the present marriage** are to be included, designate as follows: “Anna May Smith, wife, if living, otherwise John Smith and Mary Smith, children, and any other child or children born of insured’s marriage with said wife, or the survivors, in equal shares, or the survivor.”
  - (d) If a **“Clean Up Fund”** of a stated amount is desired and there are secondary beneficiaries who are minors, the designation may be as follows: “The proceeds up to \$\_\_\_\_\_ to Anna Smith, wife, if living, otherwise the executors or administrators of the estate of the insured, and the remainder to said wife, if living, otherwise John Smith and Mary Smith, children, in equal shares, or the survivor.” Minor children should not be named beneficiaries of proceeds intended for “Clean Up Fund” because the guardian of the children probably could not use the proceeds for the purpose.

## Estate

5. If an estate is named, specify whose estate, such as: “Estate of the Insured.”

## Trustee

6. Trustee under the last will and testament of the insured, or his successors in trust, PROVIDED, HOWEVER, that if no claim is made by said Trustee within one year from the date of death of the insured or if the insured shall die leaving no last will and testament containing a trust covering this policy, the proceeds shall be payable to the estate of the insured. Payment of the proceeds of this policy to said Trustee or successors in trust shall fully and finally discharge the Company from all liability.
7. “The \_\_\_\_\_ Trust Company, trustee under written trust agreement date \_\_\_\_\_, or its successor or successors in trust, and payment of the proceeds of this policy to said Trustee \_\_\_\_\_ (month, day, year) or successor or successors shall fully and finally discharge the Company from all liability.”

## Business Partners

8. Under a cross ownership plan, designate the surviving partners as beneficiaries. For example, for insurance on the life of John Jones, designate “Henry Smith and William Brown, partners, in equal shares, or the survivor.” Similar designation may be made for the other partners.

Just as a corporation may be the owner and beneficiary of a policy, a partnership may, in the partnership name, own and be the beneficiary of a policy. The firm name should be used together with the words, “a partnership.” For example, “Jones, Smith and Brown, a partnership presently consisting of John Jones, Henry Smith and William Brown.”

## Per Stirpes

9. “\_\_\_\_\_, wife, if living, otherwise the then surviving children, if any, born of insured’s marriage with said wife and the then surviving legally adopted child or children of the insured, if any, in equal shares, except in case of death of any child or children of said marriage or any legally adopted child or children of the insured, leaving lawful surviving child or children (including legally adopted children but not including grandchildren or other remote descendants), such child or children of the deceased child shall receive, in equal shares, the share which such deceased child would have received if he or she had survived.”